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U.S. PTO

DIVISION - CONTINUATION - CONTINUATION-IN-PART APPLICATION TRANSMITTAL FORM				Attorney Docket No.: A-451N																														
	Anticipated Classification Of This Application: Class _____ Subclass _____		Prior Application: Examiner _____ Schwadron, Ronald B.	Art Unit 1644																														
To the Commissioner for Patents: This is a request for filing a <input checked="" type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part application, under 37 CFR 1.53(b), of pending prior application Serial No. <u>09/721,212</u> filed on <u>November 21</u> , 20 <u>00</u> , of <u>William J. Boyle</u> for <u>OSTEOPROTEGERIN BINDING PROTEINS AND RECEPTORS</u> For CONTINUATION or DIVISIONAL APPLNs only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 1b, below, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																		
<p>1. <input checked="" type="checkbox"/> Transmitted herewith are: <input checked="" type="checkbox"/> 69 pages of specification, 6 pages of claim(s) and 1 page of abstract, totaling 76 pages. <input checked="" type="checkbox"/> 30 sheet(s) of drawings. <input checked="" type="checkbox"/> 2 pages of Oath or Declaration by the applicant(s): <input type="checkbox"/> a. Newly executed (original or copy) <input checked="" type="checkbox"/> b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional applns. only) <input checked="" type="checkbox"/> 29 pages of Sequence Listing; computer readable copy (identical to paper copy); sequence statement.</p> <p>2. <input checked="" type="checkbox"/> The filing fee is calculated below:</p> <table border="1"><thead><tr><th>For</th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Fee</th></tr></thead><tbody><tr><td>Total Claims</td><td>26</td><td>- 20 =</td><td>6</td><td>x \$18.00 = \$ 108.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 3 =</td><td>0</td><td>x \$86.00 = 0.00</td></tr><tr><td>Multiple Dependent Claims</td><td>11</td><td></td><td></td><td>+ \$290.00 = 290.00</td></tr><tr><td>Basic Fee</td><td></td><td></td><td></td><td>\$770.00 = 770.00</td></tr><tr><td></td><td></td><td></td><td></td><td>Total Filing Fee \$1,168.00</td></tr></tbody></table> <p>3. <input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519, in the name of Amgen Inc., in the amount of <u>\$1,168.00</u>. An original and one copy are enclosed.</p> <p>4. <input checked="" type="checkbox"/> Throughout the prosecution of this application, if any extension of time is necessary, please consider this a request therefor.</p> <p>5. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional filing fees which may be required by the accompanying application, any additional fees which may be required during pendency of this application as required by 37 CFR 1.16 or 1.17, or credit any overpayment to Deposit Account No. 01-0519 throughout the prosecution of this application.</p> <p>6. <input type="checkbox"/> Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)</p>					For	Number Filed	Number Extra	Rate	Fee	Total Claims	26	- 20 =	6	x \$18.00 = \$ 108.00	Independent Claims	2	- 3 =	0	x \$86.00 = 0.00	Multiple Dependent Claims	11			+ \$290.00 = 290.00	Basic Fee				\$770.00 = 770.00					Total Filing Fee \$1,168.00
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				Total Filing Fee \$1,168.00																														

EXPRESS MAIL CERTIFICATE

Express Mail mail labeling number: EV351338705USDate of Deposit: April 15, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joyce Murphy-Vogel

Printed Name

Signature

16800 U.S.PTO
10/825898
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7. Preliminarily, please amend the specification by inserting before the first line the following:

--This application is a continuation division of application Serial No. 09/721,212, filed November 21, 2000, pending, which is a continuation of 09/052,521 filed March 30, 1998, now U.S. Patent No. 6,316,408, which is a continuation-in-part of application Serial No. 08/880,855 filed June 23, 1997, abandoned, which is a continuation-in-part of application Serial No. 08/842,842, filed April 16, 1997, now U.S. Patent No. 5,843,678 which are hereby incorporated by reference.--

8. Transfer the drawings from the prior application to this application and abandon said prior application as of the filing date accorded this application. A duplicate copy of this sheet is enclosed for filing in the prior application file. (May only be used if signed by person authorized by § 1.138 and before payment of base issue fee.)

8a. New formal drawings are enclosed.

9. Priority of application Serial No. _____ filed on _____ in _____
is claimed under 35 USC 119.

9a. The certified copy has been filed in prior application Serial No. _____ filed _____

10. The prior application is assigned of record to Amgen Inc. at Reel No. 9823 and Frame No. 0325

11. A preliminary amendment is enclosed.

12. Also enclosed Information Disclosure Statement with attached Form PTO-1449 (Modified)

13. Other: _____

14. The power of attorney in the prior application is to:

Ron K. Levy

Steven M. Odre

Robert B. Winter

a. The power appears in the original papers in the prior application.

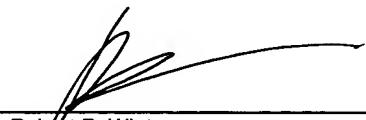
b. Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.

c. Address all future communications to

Robert B. Winter
at the address below.

Signator: Assignee of complete interest

Attorney or agent of record



Robert B. Winter
Attorney/Agent for Applicant(s)
Registration No. 34,458
Phone: (805) 447-2425
Date: April 15, 2004

Please send all future correspondence to:

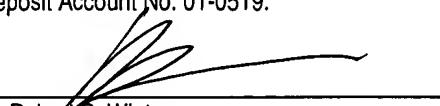
U. S. Patent Operations/RBW
Dept. 4300, M/S 27-4-A
AMGEN, INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799, USA



21069

PATENT TRADEMARK OFFICE



FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-451K		
Serial No. 09/721,212	Filing Date November 21, 2000	Examiner Schwadron, Ronald B	Group Art Unit 1644			
In Re Application of William J. Boyle						
RECEIVED OSTEOPROTEGERIN BINDING PROTEINS AND RECEPTORS						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$420.00) <input checked="" type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) 						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: 						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment					\$0.00	
<small> * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. </small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ 						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$950.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: US Patent Operations/RBW Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799						
 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: April 15, 2004						

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Joyce Murphy-Vogel

Printed Name

Signature